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Bib Data Sheet

CONFIRMATION NO. 2668

|                             |                                   |              |                        |                                       |
|-----------------------------|-----------------------------------|--------------|------------------------|---------------------------------------|
| SERIAL NUMBER<br>10/027,957 | FILING DATE<br>12/20/2001<br>RULE | CLASS<br>725 | GROUP ART UNIT<br>2611 | ATTORNEY<br>DOCKET NO.<br>RQTV-1-1008 |
|-----------------------------|-----------------------------------|--------------|------------------------|---------------------------------------|

## APPLICANTS

T. Ron Davis, Redmond, WA;  
 John Woods, Woodinville, WA;  
 David Gilman, Bellevue, WA;

## \*\* CONTINUING DATA \*\*\*\*\*

THIS APPLN CLAIMS BENEFIT OF 60/262,471 01/17/2001  
 AND CLAIMS BENEFIT OF 60/288,264 05/01/2001

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 02/12/2002

|                                 |   |                  |                |              |                    |
|---------------------------------|---|------------------|----------------|--------------|--------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input type="checkbox"/> no  | STATE OR COUNTRY | SHEETS DRAWING | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | WA               | 13             | 11           | 2                  |
| Verified and Acknowledged       | Examiner's Signature _____ Initials _____   |                  |                |              |                    |

## ADDRESS

Richard T. Black  
 Black Lowe & Graham PLLC  
 816 Second Avenue  
 Seattle, WA 98104

## TITLE

Method and system for supplementing television programming with e-mailed magazines

|                            |   |   |
|----------------------------|---|---|
| FILING FEE RECEIVED<br>370 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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